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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Clinton L.		Williams					
Inventor's Signature							Date
Residence: City	Seattle	State	WA	Country	USA	Citizenship	US
Post Office Address	2422 East McGraw						
Post Office Address							
City	Seattle	State	WA	ZIP	98112	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Jon W.		Hayenga					
Inventor's Signature							Date
Residence: City	Redmond	State	WA	Country	USA	Citizenship	US
Post Office Address	5310 240th Avenue NE						
Post Office Address							
City	Redmond	State	WA	ZIP	98052	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Ronald L.		Bardell					
Inventor's Signature							Date
Residence: City	Redmond	State	WA	Country	USA	Citizenship	US
Post Office Address	8850 148th Avenue NE						
Post Office Address							
City	Redmond	State	WA	ZIP	98052	Country	USA

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/415,404 60/213,865	(10/08/99) (06/23/00)	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number **25742** → 
 OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
			25742
			PATENT TRADEMARK OFFICE

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.
Direct all correspondence to: Customer Number  OR Correspondence address below

Name	25742		
Address	PATENT TRADEMARK OFFICE		
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname					
Bernhard H.		Weigl					
Inventor's Signature				Date			
Residence: City	Seattle	State	WA	Country	US	Citizenship	AT
Post Office Address	5530 Canfield Pl. N.						
Post Office Address							
City	Seattle	State	WA	ZIP	98103	Country	US

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 2 of 2**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor**Given Name (first and middle [if any])****Family Name or Surname**

Thomas E.

Schulte

Inventor's Signature**Date****Residence: City**

Redmond

State

WA

Country

USA

Citizenship

US

Post Office Address

7830 235th Place NE

Post Office Address**City**

Redmond

State

WA

ZIP

98053

Country

USA

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor**Given Name (first and middle [if any])****Family Name or Surname****Inventor's Signature****Date****Residence: City****State****Country****Citizenship****Post Office Address****Post Office Address****City****State****ZIP****Country****Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor**Given Name (first and middle [if any])****Family Name or Surname****Inventor's Signature****Date****Residence: City****State****Country****Citizenship****Post Office Address****Post Office Address****City****State****ZIP****Country**

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